Instructions: Complete this form and mail it with the required physician prescription(s) to:

ClearScript Prescription Mail Service
Fairview Mail Service Pharmacy
711 Kasota Ave.
Minneapolis, MN 55414

See reverse side for more details and answers to commonly asked questions.

PLEASE PRINT

Refer to your employee benefits information for copay amounts. Enclose your original prescription(s) and your credit card payment information.

Insurance | Insurance Holder's Name | Group # | ID #

Insurance Holder's Address | City | State | Zip Code | Home Phone ( )

Insurance Holder Prescription Information

Name: ☐ M ☐ F

Please check all that apply : **Date of Birth** **Physician**

Health Conditions: ☐ Asthma ☐ Diabetes ☐ Glaucoma ☐ High Cholesterol ☐ Arthritis ☐ Hypertension ☐ Thyroid (low) ☐ Thyroid (high) ☐ Other_____

Allergies: ☐ None ☐ Aspirin ☐ Codeine ☐ Iodine ☐ Erythromycin ☐ Sulfa ☐ Penicillin ☐ Other _____

Prescriptions & over-the-counter medications currently taking:

Dependent Prescription Information

Name: ☐ M ☐ F

Please check all that apply : **Date of Birth** **Physician**

Health Conditions: ☐ Asthma ☐ Diabetes ☐ Glaucoma ☐ High Cholesterol ☐ Arthritis ☐ Hypertension ☐ Thyroid (low) ☐ Thyroid (high) ☐ Other _____

Allergies: ☐ None ☐ Aspirin ☐ Codeine ☐ Iodine ☐ Erythromycin ☐ Sulfa ☐ Penicillin ☐ Other _____

Prescriptions & over-the-counter medications currently taking:

Dependent Prescription Information

Name: ☐ M ☐ F

Please check all that apply : **Date of Birth** **Physician**

Health Conditions: ☐ Asthma ☐ Diabetes ☐ Glaucoma ☐ High Cholesterol ☐ Arthritis ☐ Hypertension ☐ Thyroid (low) ☐ Thyroid (high) ☐ Other _____

Allergies: ☐ None ☐ Aspirin ☐ Codeine ☐ Iodine ☐ Erythromycin ☐ Sulfa ☐ Penicillin ☐ Other _____

Prescriptions & over-the-counter medications currently taking:

☐ Charge to my credit card

Cardholder name | Account Number

Cardholder Signature | Expiration Date — | ☐ Mastercard ☐ Visa ☐ American Express ☐ Discover

Shipping Information

Date | Name | Mailing Address

City | State | Zip Code | Home Phone ( ) | Daytime Phone ( )

I certify that all information on this form is correct. I permit ClearScript Prescription Mail Service to release all information to plan sponsor, administrator or underwriter.

X

Signature Required

Child Resistant Containers

Please sign below if you want future prescriptions for you or your eligible dependents dispensed in non-child resistant containers.

X

Signature Required

ClearScript Prescription Mail Service

Commonly Asked Questions

How do I use the ClearScript Prescription Mail Service?

For new prescriptions, please follow these simple steps:
1.If you need to start your medication right away, please have your physician complete two prescriptions. One prescription needs to be written for a one month supply.

The second prescription must be specifically written for a 90-day quantity by your physician.

2. Fill the prescription for a one month supply immediately at any retail pharmacy. Mail the prescription for the 90-day supply to the Prescription Mail Service.

3. Complete the Mail Service Participant Profile (on reverse side) and mail it along with your original prescription(s) and copayments.

A complete street address will be needed to utilize the mail service.
For a controlled substance prescription, an adult signature will be required upon receipt.

How do I get additional refills through the ClearScript Prescription Mail Service?

When you receive your first 90-day supply, you will receive a prescription refill slip. This form will include detailed information on how to place a refill request. Please plan to order your refill at least two weeks before your current supply runs out.

How is confidentiality ensured?

Your medication will be sent to you in a plain package with a return address only. The pharmacy name will not be listed on the package.

How do I pay for the service?

Copayments may be made by credit card. Credit card information must accompany your prescription request.

How long will it take to receive medications through the mail service?

From the time your prescription is mailed to the pharmacy, you can expect your prescription to arrive in **10 - 14 days**.

Is there a charge for postage?

For regular mail delivery, there is no charge for postage. For requested next day service or special handling, there will be an additional charge.

1-866-377-6245